PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09938918

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			3				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE	355.00		BASIC FEE	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		. 6		ŀ	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		. 0		ŀ	X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				ŀ	+135=		OR	+270=	
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			olumn 2	L	TOTAL	355	OR OR	TOTAL	1
CLAIMS AS AMENDED - PART II								, , , ,	/3/	10	OTHER	THAN
(Column 1) (Column 2) (Column								SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CLAIM			X40=		OR	X80=	
	THOTTRESE	NIATION OF WI	JETH LE DEF	LINDEIA	1 CLAIN			+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		יוטטוו. רבב ן			ADDII. I EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		= ·		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF MI	Minus	***	T CL AINA	=		X40=		OR	X80=	
_	FINST PRESE	NTATION OF MI	DETIPLE DEP	ENDEN	I CLAIIVI		1	+135=		OR	+270=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)						-
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	addi- Tional Fee		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	* NTATION OF M	Minus	***	T CL AIM	=		X40=		OR	X80=	
								+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					r four	nd in the app	ropriate box	in col	umn 1.	